## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 2 Serial/Patent # 10/5223/3					
3. Please refund the following fee(s):		4 PAI	PER MBER	5 DATE FILED	6 AMOUNT
X	Filing				\$ /00
	Amendment				\$
	Extension of Time				\$
	Notice of Appeal/Appeal			·	\$
	Petition				\$
•	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
	Assignment				\$
•	Other				\$
		7 TOTAL AMOUNT OF REFUND			\$ 100
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
$\lambda$	Overpayment	Credit Deposit A/C #:			osit A/C #:
•	Duplicate Payment	9 1 9 4 8 8 0			
	No Fee Due (Explanation):				
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Darrell Cottman TITLE: Paralyse!					
SIGNATURE:   Davill (Illy PHONE: 707-308-9190x)					
OFFI	CE:  ***********************************	****	***	*****	******
APPROVED: DATE:					
DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)